

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

19680

## 1. PLACE OF DEATH

County JacksonRegistration District No. 389Township LawPrimary Registration District No. 1738City LansingSt. Trinity LutheranFile No. 2391Registered No. 2391St. James Ward MO

## 2. FULL NAME

(a) Residence, No. 1

(Usual place of abode)

St. XWard. James

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)  
Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF Albert A. Deakins6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1884

7. AGE

YEARS 49MONTHS 3DAYS 28If LESS than 1  
day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Housewife9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Moniteau Co Mo13. NAME Wm Gatschett14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Unknown15. MAIDEN NAME Mary Leminden16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Moniteau Co Mo17. INFORMANT  
(ADDRESS) Albert Deakins

18. BURIAL, CREMATION, OR REMOVAL

PLACE JamesDATE 6/10/3319. UNDERTAKER  
(ADDRESS) William J. Fralinger20. FILED June 23 1933M. B. BrownRegistrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8-33

22. I HEREBY CERTIFY, That I attended deceased from

6/1, 1933, to 6-8-33, 1933I last saw him alive on 6/8, 1933. Death is saidto have occurred on the date stated above, at 11:13 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Purulent Pericarditis11:13Other contributory causes of importance 11:13InfluenzaName of operation None Date of 6/10/33What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury 6/8/33Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None(Signed) W. J. Fralinger M. D.(Address) 1410 Bryant Bldg & Co

